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APPLICATION NO. FILING DATE			FIRST NAMED INVE		R ATTORNEY DOCKET NO.		NEY DOCKET NO.	CONFIRMATION NO.
10/790,728			Cheul Kyung Ha				1630-0369PUS1 2625	
TITLE OF INVENTION: APPARATUS AND METHOD FOR CONTROLLING WRITING POWER OF OPTICAL DISC								
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0	\$0		06/03/2009
EXAMINER		Г	ART UNIT	CLASS-SUBCLASS	šS			
NGUYEN, LINH THI			2627	369-047530	J			
1. Change of corresponde	nce address or indicatio	ee Address" (37		ating on the patent front page, list				
CFR 1.363).  Chappe of correspo	ondence address (or Cha	Correspondence	(1) the names of up to 3 registered patent attorneys 1 Birch, Stewart, or agents OR, alternatively,					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed f recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE						COUNT	RY)	
Hitachi-LG Data Storage Seoul, Republic of Korea								
-Korea, Inc.  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity   Government    Government   Government   Government   Government   Government   Government   Government     Government     Government    Government    Government     Government     Government     Government     Go								
riease check the appropri	iate assignee category or	catego						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee		I\	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
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- 7 to value of del	r or copies			overpayment, to Dep	osit Account Numb	er 0.2	2448 Tenclose a	n extra copy of this form).
5. Change in Entity Stat	tus (from status indicate s SMALL ENTITY stat			D b. Applicant is no lo	neer claiming SMA	LL ENT	'ITY status. See 37 C	FR 1.27(g)(2).
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